The Basics of a Hospital Psychosocial Response

CAEP 2010
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Disclosure

I do not have an affiliation (financial or otherwise) with any commercial organization that may have a direct or indirect connection to the content of my presentation.

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Learning Objectives

Upon completion of this session, delegates will:

1. Understand the Psychosocial Surge elements active in a hospital Code Orange response

2. Recognize three hospital populations with psychosocial issues as a result of a Code Orange response

3. Understand the purpose of a hospital FISC and Mental Health Support Team in a Code Orange response

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Basic Principles

Family Focused Care is the key to a comprehensive hospital Code Orange Psychosocial Response. Tragedy does not just happen to the individuals brought to a hospital with various injuries, illness and psychological conditions, but to the families and loved ones of these survivors, victims, and casualties as well. An effective psychosocial response will reflect this reality.

Psychosocial is a term developed to address the psychological and sociological issues of human needs, considering the person as a whole. The primary objective of a psychosocial response is to provide an immediate, short-term service that will help disaster, pandemic or trauma survivors (and their families) to restore their feeling of safety, confidence, competence, and trust

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The Surge Reality

- Psychological Casualties may outnumber the physically injured in a Code Orange by as much as 4/1 or greater.
- Up to 80% of all casualties may arrive at the hospital on their own, separate from EMS.
- Many Psychological Casualties will be the first to arrive at the hospital and be the least physically injured.

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The Social Reality

- Social Support is considered one of the most important elements in the recovery from trauma
- Family and friends will surge on the hospital looking for loved ones.
- Reconnection with family members can be a greater priority then meeting individual basic needs.
- Information can be the most effective intervention on its own, provide it early and often. Providing consistent information builds relationship and trust with families

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Psychological 1st Aid

- ❑Contact and Engagement
- ❑Safety and Comfort
- ❑Stabilization (if needed)
- ❑Information Gathering
- ❑Practical Assistance
- ❑Connection with Social Supports
- ❑Information on Coping
- ❑Linkage with Collaborative Services

National Child Traumatic Stress Network and National Center for PTSD, Psychological First Aid: Field Operations Guide, 2nd Edition. July, 2006

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Primary Psychosocial Elements of a Hospital Response

- ❑Provide a place of **Safety**
- ❑Provide **Information**, early, accurately and regularly
- ❑Re-establish and maintain **Connection** of family with patients
- ❑**Support, Stabilize** and promote **Calming** and **Coping**
- ❑Promote **Hope** and a return of **Control**

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Family Information and Support Centre (FISC)

- Though already observed anecdotally, it has been well documented in several major incidents that families surge at hospitals looking for loved ones

- Preparation for this surge includes planning for space, a FISC, where families can provide and receive information on a possible patient, hopefully to expedite reunification of family with the loved one.

- This Family Information and Support Centre (FISC) would provide information with regards to community resources, in addition to providing short term Psychological First Aid and emotional support.

- Staffing for FISC would ideally be provided by Social Work, Chaplaincy and Volunteers.

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FISC Planning Tasks

- ❑Location
- ❑Services provided
- ❑Equipment Needs
- ❑Staffing and call out for FISC and Emerg.
- ❑Roles required
- ❑Communication between FISC and Emerg.
- ❑Documentation
- ❑Training needs
- ❑Information on the event
- ❑Security
- ❑How do you ensure staff self care

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In The Emergency Dept.

Three Primary Psychosocial Tasks

- ❑Identifying Patients or providing Identifying info to FISC
- ❑Emotional Support (Psychological First Aid)
- ❑Psychological Triage and Psychiatric First Aid as needed.

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Responding to Psychological Casualties

- PCs may be mixed into the Green and Yellow medical casualties.
- A mobile mental health team will provide ongoing assessment within the receiving units, i.e. emergency., discharge centre, overflow areas, FISC and possible PC area.
- Once identified PCs should be moved to an area outside of the Emergency Dept to make room for physically injured patients.
- Staffing will be provided by the already existing Emergency mental health crisis team, supplemented by other mental health clinicians, social workers and chaplaincy.

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Responding to Psychological Casualties

- As already mentioned many psychological casualties (PC) in will arrive in the first surge, on their own or escorted by Good Samaritans and/or with passerby. Also they can outnumber medical issues by at least 4/1 and in some cases more.
- There may be a need for a PC triaging process. This process is meant to assess the possible longitudinal risk of developing long term mental health issues (PTSD, Depression, Anxiety etc) of individuals involved in the incident and displaying acute stress responses in varying degrees immediately following the incident.
- A PsyTriage Risk assessment should include enquiries on the degree of exposure to the incidents traumatic material and loss, the display of acute stress symptoms and mood, and if possible previous trauma history.

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Essential Elements of Family Reunification Plan

- That all Hospitals have a Code Orange FISC like response
- That all hospitals gather both Family information and who they are search for as well as patient Identifying information
- That information (either patient identifying info or Family search info) be shared between hospitals and community reception centre.
- That there be a common method to all agencies involved in Family Reunification. The best resource for sharing info would be a secure portal where info could be downloaded. A less desired alternative would be the use of designated fax machines.
- A group of staff in designate agencies assigned to match family info with patient identification info.

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Issues to Consider

- Patients already in the hospital and their families
- A major first priority will be to have identified and transferred those patient medically stable and waiting for alternative accommodation to those new facilities through special emergency provisions
- Emergency is not just about the psychological Casualties but also plays the second half of the reconnection with family by actively acquiring patient identification information
- Is there a system in place to track the whereabouts of a patient through multiple hospitals. To make it possible for families to quickly locate injured loved ones

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Some Benefits to the Hospital

- ❑ Reunifying and Involving families early, builds relationship and trust , provides clinicians with a patient's PMHx , might in the end discharge many patients earlier.
- ❑ FISCs provide a place for families to go looking for their missing loved ones, other then trying to get into an emergency dept.
- ❑Providing a plan to deal with Psychological Casualties that includes removing them from the Emergency depart, creating more space for seriously injured patients.
- ❑Triaging for psychological/acute stress responses should give a hospital a better idea of who may be in serious psychological stress and who can be discharged home with info and family support.
- ❑ The creation of a city wide/regional family reunification process should minimizes the roving wave of families travelling from hospitals looking for loved ones.

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The Last Word

"Hospitals are sensitive to the medical care demands that can result from disasters and mass casualty situations, and by and large they prepare themselves to meet these demands. There is a tendency, however, for hospitals to be less sensitive, in their planning and operations, to the emotional and social components related to such emergencies. Yet, psychosocial components are present to some degree in all casualty-producing situations, and in a surprising number of instances the demands they place upon a hospital's non medical resources are greater than those placed upon its medical and surgical facilities."

Krell, George I., ***MANAGING THE PSYCHOSOCIAL FACTOR IN DISASTER PROGRAMS ,*** Health and Social Work, 3:3 (1978:Aug.) p.139

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PHAC Disaster Behavioural Health Course

http://phac-eprtraining.phac-aspc.gc.ca/

Is a free course that provides online learning on the psychosocial/behavioural health issues of a hospital based disaster/MCI

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The Canadian Pandemic Influenza Plan for the Health Sector – Annex P – Pandemic Influenza Psychosocial Annex: http://www.phac-aspc.gc.ca/cpip-pclcpi/ann-p-eng.php

SURGE, SORT, SUPPORT: Disaster Behavioral Health for Health Care Professionals, DEEP Center: Center for Disaster Epidemiology & Emergency Preparedness www.umdeepcenter.org

Hobfoll et al, **"Five Essential Elements of Immediate and Mid–Term Mass Trauma Intervention: Empirical Evidence",** Psychiatry, 70(4), Winter 2007

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